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# Worldwide Report

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## WORLDWIDE REPORT

## EPIDEMIOLOGY

No. 295

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## INTER-AMERICAN AFFAIRS

### CENTRAL AMERICAN HEALTH MINISTERS HOLD MEETING

San Jose LA NACION in Spanish 30 Aug 82 p 36A

[Article: "Ministers Will Activate Plan to Rid the Isthmus of Malaria"]

[Text] One of the agreements approved by the Central American health ministers, who met this past week in San Jose, is to activate programs to eliminate malaria from the isthmus.

On Monday, 23 August, department heads met in the Herradura Hotel for the purpose of offering and discussing proposals for the subsequent approval of ministers.

There was a total of 13 resolutions, the most outstanding of which include: prompt stimulation of a policy of primary prevention in the area of mental health; the training of health technicians through the establishment of a qualifying educational institution; and the implementation of preparatory health measures for disaster situations.

#### Work

The first topic that was analyzed in the work sessions was the proposal of the Costa Rican delegation concerning prompt stimulation of a policy of primary prevention in the mental health, obstetrics and pediatrics, and nutrition fields. One of the resolutions urged the countries to strengthen the organizations needed to activate stimulation programs on behalf of the overall development of children.

The subject of human resources in the health sector in El Salvador was also analyzed. The governments were urged to establish a policy that would utilize this type of resources through the involvement of national public and private institutions.

In addition, the participants agreed to ask the Pan American Health Organization (PAHO) and the World Health Organization (WHO) to provide the means needed to establish a press interchange of experiences by those involved in the information media.

## Contamination

With respect to environmental pollution, it was recommended that state laboratories be equipped to control the use of pesticides and other chemical substances found in food for human and animal consumption.

In addition, there was a request to improve the toxicology units of the health departments in order to control the amount of contamination in water, soil, air, food, and other items of human use.

The ministers approved the Nicaraguan proposal to conduct a study on the organization of a reference center for the research and development work of technical personnel. This will be carried out by representatives of the countries and legal advisers, with PAHO cooperation.

The countries of the area will attempt to broaden the concept, meaning, and scope of technical cooperation in developing countries.

At their meeting the health ministers agreed to request the governments to provide greater support to mental health activities on behalf of the overall health of the population.

## Malaria

The health officials reiterated the importance of malaria as a serious public health problem, "to which special attention must continue to be given, for the purpose of providing a prompt and effective solution to the difficulties encountered by the anti-malaria programs of the area."

The anti-malaria plan will be backed by flexible programs that will include community participation and intrasectorial and intersectorial coordination. "The plan will include multidisciplinary groups that will orient the primary health policies in Central America.

Approval was also given "to continue and broaden research on the sensitivity of the 'P. Falciparum' [plasmodium falciparum]--which transmits the disease--to anti-malarial drugs, in order to ascertain problems in these fields on a timely basis."

There was also an agreement to recommend that the governments formalize a cooperation convention for the purpose of giving the coordinating committee of the drinking water and drainage institutions of Central America a regional character.

The recommendations made in San Jose will be reviewed at the next meeting of health ministers, to be held next year in Panama.

8255

CSO: 5400/2215

# LONG-RANGE PLAN TO IMPROVE SYDNEY WATER RELEASED

Sydney THE SYDNEY MORNING HERALD in English 26 Jul 82 p 2

[Article by Roland Fishman]

[Text]

The Water Board plans to spend \$203 million in the next 15 years to improve Sydney's water supply.

The board said the introduction of new plant and equipment would reduce the amount of foreign matter which could get into the system, and no additional chlorine would have to be added to control bacteria.

The taste of Sydney water changes depending on the area because the amount of chlorine in the water varies around the City.

Additional chlorine is added to Potts Hill Reservoir, near Regents Park — which supplies the City and the south-eastern suburbs — and mains at Ashfield, Newtown, Waterloo, Petersham, Marrickville, Killara and Pymble.

The board had designed a treatment plant for Prospect Reservoir, which will cost on today's figures at least \$100 million. The board says this project should be completed within 15 years.

Various continuing projects will cost the board about \$103 million

during the next 10 years.

About \$20 million will be spent upgrading the treatment works at Potts Hill.

The Glen Alpine works, which supplies Campbelltown, will be upgraded at a cost of \$25 million, and \$13 million will be spent on the Bringelly Road works near Penrith. The Bringelly works also will supply water to the Blue Mountains.

The Prospect Reservoir will get new outlet works, coarse and fine screens and a bypass which will allow water to go direct from Warragamba Dam to Sydney at a cost of \$45 million.

These works will reduce the grit and organic matter in the water, which harbour bacteria, to a minimum.

The board has been trying to eliminate since 1976 a harmless strain of bacteria called klebsiella by adding extra chlorine to the water and flushing and swabbing the mains.

The director of health services at the NSW Health Commission, Dr Allan Crawford, said the board continually checked the water to

ensure there was no risk to the public. All water had to be chlorinated, he said.

The presence of klebsiella complicates the testing procedure for dangerous faecal bacteria.

The board does about 320,000 laboratory tests each year, 30,000 of which are bacterial. A bacterial test takes up to 18 hours.

The amount of chlorine in Sydney water varies from zero to 0.6 parts per million, with an average of 0.2.

The board said this was half the chlorine content found in most other Australian capital cities. The United States has a minimum chlorine level of 0.5.

The board said Sydney was fortunate to have a high standard of catchment water, which meant less chlorine needed to be added.

The board's principal chemist, Mr Lance Bowen, said many people noticed a small change in the chlorine level of water and he answered up to 10 inquiries a week regarding the taste of Sydney water.

To eliminate the chlorine taste, water should be stood in open jugs overnight, Mr Bowen said.

CSO: 5400/7581



## AUSTRALIA

### BRIEFS

DENGUE FEVER THREAT--Queensland faced a dengue fever epidemic, the State Minister for Health, Mr Austin warned yesterday. There would be an outbreak unless local authorities revived their mosquito-eradication programs quickly. The disease causes acute fever symptoms and can cause death, particularly among small children, the aged, and those already ill. "During this winter when it is usually dormant there has been an alarming growth in the disease," he said. "In July last year there were five reported cases. So far in the same month this year, there have been 93. "There is no known cure for the fever and it can be a killer." If there was an outbreak in Townsville, there could be 30,000 cases and possibly 300 deaths. An epidemic in Townsville in 1955 affected a third of the population. "If local authorities do not discharge their responsibilities, the Queensland Department of Health will move in and do the job for them," Mr Austin said. "We will have to carry out door-to-door inspections to make sure mosquito infestation is not being allowed to develop around indoor pot plants and other areas where stagnant water accumulates. "I appeal to local authorities to prosecute people who continue to provide breeding places for mosquitoes. "If they fail to respond we will be leaving them with the bill." [Text] [Canberra THE AUSTRALIAN in English 26 Jul 82 p 3]

CSO: 5400/7581

BRIEFS

LEPTOSPIROSIS COUNT--The dreaded disease leptospirosis has claimed four lives here during the first seven months of the year. This has been reported by health authorities who said that between January and July there have been some 33 reported cases of this illness. Leptospirosis is a disease transmitted mainly by rats. The health authorities have been urging Barbadians to be more cautious in their disposals of food and garbage in an effort to wipe out rats. Earlier this week a prominent attorney at law who was struck by this illness spoke of the dangers and how easily it can be contracted. The health authorities also reported that they were some 89 cases of gastro-enteritis among children up to four years ago for the period under review. According to them, there has only been one death from this illness. [Excerpt] [Bridgetown ADVOCATE-NEWS in English 19 Aug 82 p 2]

DENGUE FEVER OUTBREAK--Local health officials have confirmed that there are three cases of dengue fever. There have been some six reported cases, and according to reports most of them have been reported from the Hatings, Christ Church area. The health officials have said that it is almost certain that the three unconfirmed cases will prove positive. In an effort to eliminate the dengue fever, the relevant authorities have been carrying out fogging exercises, the results of which are not yet known. Householdors have been reminded to get rid of old tins, use sand in vases and remove any container which can store water and is likely to breed mosquitoes. In this Bernard Garcia photograph, the fogging machine on this vehicle as it moved through the Delamere Land area leaving a thick layer of insecticide in the air. [Text] [Bridgetown ADVOCATE-NEWS in English 12 Aug 82 p 2]

CSO: 5400/7580

BOLIVIA

BRIEFS

YELLOW FEVER ERADICATION PROGRAM--Dr (Sergio Balderrama), director of the departmental program for control of yellow fever, has stated that the program to eradicate yellow fever in Santa Cruz is developing normally and according to plan. (Balderrama) said that 708 persons had been vaccinated in nearby regions. The program is aimed especially at peasants in this region. He also said that in parallel with the vaccination campaign, entomological studies are being made with the larva of mosquitoes to determine the existence of the yellow fever carrier in this zone. [La Paz Radio Illimani Network in Spanish 1100 GMT 30 Aug 82]

CSO: 5400/2212

POLIO IN PARAGUAY PROMPTS ALERT IN PARANA, MATO GROSSO

Greater Local Control Urged

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 6 Aug 82 p 13

[Text] Joao Baptista Risi Junior, secretary of the basic activities of the Ministry of Health, sent a telex yesterday to the secretaries of health of Parana and Mato Grosso do Sul requesting greater vigilance over the control of poliomyelitis, advising that 42 cases were reported in Paraguay (which borders the two Brazilian states) in the first 6 months, three being fatal and two involving 1-year-old infants.

According to the Pan-American Health Organization [PAHO], the area most affected in Paraguay is the country's capital and its vicinity, and it is suspected that most of the cases involve children not vaccinated against infantile paralysis or who received only one dose of the vaccine. However, in Brazil, poliomyelitis continues to enjoy a high level of control, evidenced by the fact that, of the last 144 cases of suspected polio, only 6 were confirmed, 4 being fatal; however, about 30 cases have not yet been examined.

Second Dose

Three refrigerated trucks carrying 8 million doses of Sabin vaccine for the second national day of vaccination against poliomyelitis, scheduled for 14 August, will leave Sao Paulo Monday to distribute the vaccine in Santos, Registro, Sao Jose dos Campos, Campinas, Ribeirao Preto, Sao Jose do Rio Preto, Sorocaba, Bauru, Aracatuba, Presidente Prudente and Marilia, according to information released yesterday by State Secretary of Health Denir Zamariolli.

The secretariat plans to vaccinate approximately 4.1 million children up to 5 years of age. A total of 2,088 vaccination stations will be set up in greater Sao Paulo, 1,578 stationary and 510 mobile; this is an increase of 69 stations over the first vaccination day, held in June. The mobile units will take care of the shantytowns and outlying and rural areas of the metropolitan territory. The number of supervisors throughout the state has also increased: by 38.

If rain interferes with the campaign, as occurred during the first phase, the officials are to take the children to the health stations the following day--Sunday--according to the secretary.

## Precaution

To avoid the problems which occurred during the last polio vaccination campaign in Rondonia--when the number of children vaccinated was considered low and where, in some areas, the vaccination could not be administered--the state Secretariat of Health began yesterday to administer the second Sabin dose in the rural area and in mining areas. In the first phase, immunization did not take place in areas located at 90 or 100 kilometers from urban centers.

## Parana Secretary Not Concerned

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 7 Aug 82 p 13

[Text] Curitiba--Dr Jair Pazello, head of the Service of Epidemiology and Disease Control of the Parana Secretariat of Health, said yesterday that he is not concerned about the more than 40 cases of poliomyelitis in Paraguay, which borders on his state and on Mato Grosso. He asserted that he understood the telegram sent by the minister of health to be "just a notification" of those cases and gave his assurance that, at least in Parana, the situation is under control.

According to Jair Pazello, there are three good reasons why one need not be concerned about polio in Paraguay: the figures released by the PAHO refer to the period January through June and are, therefore, almost 2 months old; Parana achieved a high level of success in its last vaccination campaign, arriving almost at a limit considered ideal by the WHO for vaccination coverage; and on 14 August we shall have the new phase of the national vaccination campaign whereby it is expected to immunize more than 80 percent of the state's people up to the age of 5.

8568

CSO: 5400/2198

## BRIEFS

BUBONIC PLAGUE CASES REPORTED--Brasilia--Jose Fiuza Lima, superintendent of public health campaigns of the Ministry of Health, confirmed yesterday that SUCAM [Superintendency for Public Health Campaigns] was advised about 36 possible cases of bubonic plague reported in the first 6 months of this year; he further stated that the disease can be completely eliminated only if all thickets in the country are destroyed, and simultaneously all wild rodents. Even if those cases are confirmed by laboratory tests as being bubonic plague, Fiuza believes that the number of cases would not be alarming. "For the time being," he said, "there is no indication that the incidence of the disease has increased over last year when there was a total of 88 cases with no deaths." As total extermination of wild rodents (the carriers of bubonic plague) is impossible, Jose Fiuza advised that SUCAM is trying to combat the proliferation of the rodents through rat-extermination campaigns and is making every effort to provide for early diagnosis of the disease, thus enabling the patients to be medically treated and not threatened with death. According to its superintendent, SUCAM is operating in 135 municipalities, most being in Ceara, Pernambuco and Bahia (the principal foci of bubonic plague in Brazil). About 10,000 localities have received this health service, even on the residential level. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 6 Aug 82 p 13] 8568

SIX MILLION CHAGAS CARRIERS--Porto Alegre--Six million persons in Brazil are carriers of the parasite which causes Chagas disease. Of that number, 60,000 are or will be actually afflicted with the disease and almost 2.4 million others will run the risk of contracting it. This is some of the information which Rio Grande do Sul, Sao Paulo and Brasilia doctors presented during a 2-day seminar on Chagas disease which the Cardiology Society and the Secretariat of Health and Environment of Rio Grande do Sul sponsored until yesterday evening in Porto Alegre. The seminar was attended by approximately 100 Rio Grande do Sul doctors who, besides listening to speeches and participating in discussions with specialists on Chagas disease in the state, attended conferences given by Dr Sergio Garzon, of Sao Jose do Rio Preto, and by Antonio Carlos Silveira, director of SUCAM's Departemnt of Chagas Diseases, subordinate to the Ministry of Health. Aloisio Achutti, director of the staff for the prevention of cardiovascular diseases, a division of Rio Grande do Sul's Secretariat of Health, said that everyone agreed that the carrier of the disease--the barbeiro (an insect somewhat smaller than a cockroach)--is under control in the country. Sergio Garzon, in

turn, said that in Sao Paulo cases of Chagas disease are now emerging in much greater intensity through transmission by blood transfusions than by actual contact with the barbeiro. The infection is showing up with greater intensity in Rio Grande do Sul and Minas Gerais. More than 8 percent of the rural population of those states show positive results in tests made to detect the parasite. Aloisio Achutti said that, with the opening of new agricultural frontiers, it is probable that new foci will emerge, but he stressed that the Ministry of Health is keeping a close watch on the situation. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 31 Jul 82 p 11] 8568

CSO: 5400/2198

## COSTA RICA

### BRIEFS

VESICULAR STOMATITIS CASES--The appearance this year of 14 cases of vesicular stomatitis in various parts of the country was reported by Dr Johnny Gonzalez, of the Bilateral Anti-Aphthosis Convention. The official stressed that the importance of these small outbreaks lies in the fact that "the symptoms of these illnesses might be signalling an eventual outbreak of foot-and-mouth disease" and that therefore any suspicion of this disease must be reported. The data made available by the official indicate that from January to July of the present year 14 outbreaks have been noted through an analysis of samples made at the research laboratory for the Americas of the Pan American Foot-and-Mouth Disease Center, located in Rio de Janeiro. According to the study that was carried out, the outbreaks occurred in Santo Domingo and Horquetas de Heredia, Tambor, Ciudad Quesada, Buena Vista and San Jose de Alajuela, Monteverde de Puntarenas, Moravia, San Ignacio y Coronado de San Jose, and Santa Cruz y Cachi de Cartago. Dr Gonzalez explained that vesicular stomatitis afflicts cattle and young pigs and horses, and is known in our rural area as "miada" or "picada," the [bite] of a spider, characterized by inflammation of the mouth, froth, and fever. [Text of article: "Warning Concerning Outbreaks of Vesicular Stomatitis"] [San Jose LA REPUBLICA in Spanish 12 Aug 82 p 3] 8255

CSO: 5400/2215



## LOK SABHA DISCUSSES DECLINE IN GASTROENTERITIS

Bombay THE TIMES OF INDIA in English 10 Aug 82 p 5

[Text]

NEW DELHI, August 9: The government maintained in the Lok Sabha today that there was no increase in the incidence of gastro-enteritis in Delhi. On the contrary, the disease was on the decline.

Against 33 deaths in July last year, the number this year was 20, the health minister, Mr. B. Shankaranand, told the house in response to a calling-attention motion.

However, the sponsors of the motion were not convinced by the statistics recited out by the minister. Mr. Ram Avatar Shastri (CPI) referred to a report in a Delhi newspaper that 36 children had died in Delhi due to gastro-enteritis.

Mr. Shastri said it was unfortunate that the minister's written statement did not make a mention of these deaths. The disease was prevalent on a large scale in Delhi, he said, adding that shortage of drugs, adulteration of foodstuff and water pollution were among the causes.

**WATER SUPPLY**

Mr. Ajit Kumar Saha (CPM) said that it was a shame that even 35 years after independence drinking water supply was inadequate.

Mr. Sudhir Kumar Giri (CPM), Mr. P. K. Kadiyan (CPI) and Mr. K. M. Madhukar (CPM) also contested the minister's claim that gastro-enteritis was on the decline.

However, the minister stuck to his position and referred to cases reported by major hospitals which showed a definite decline in the incidence of the disease.

Mr. Shastri had referred to the clandestine visits of a CIA official to the Cholera Research Institute in Calcutta. The minister replied that he was not aware of any such visits and he requested the member to give him whatever facts he had in his possession.

CSO: 5400/7106

## BRIEFS

DENGUE FEVER IN JAMBI--Based on a provisional diagnosis, the disease spreading now in Tanjung Jabung Regency, Jambi, is the 5-day fever (classic dengue), according to Dr E. Oswari, chief of the Jambi Provincial Health Service. Symptoms of the disease are fever, dizziness, rash, and painful muscles and joints. The public need not be concerned about coming into contact with the disease, the Jambi Health Service chief said, because it has not caused any deaths. Since the disease initially was not identified, it was termed the "Malvinas" disease. This is a facetious name for the disease because it began to spread almost 2 months ago when the Malvinas war was heating up. Dr Oswari explained that the provisional diagnosis was made by a team from the Health Department which conducted its investigation from 29 July to 2 August. He explained that a certain virus causes the disease. A final determination of the causative virus will be made after biomedical examinations are completed by the Health Research and Development Agency. Nevertheless the team that conducted the investigation provisionally diagnosed the disease now in Tanjung Jabung Regency as the 5-day fever. The primary cause of infection is the D.1-type virus, Oswari said. The 5-day fever lasts from 5 to 7 days and is cured without the use of medication. [Excerpts] [Jakarta MERDEKA in Indonesian 6 Aug 82 p 4] 6804

GASTROENTERITIS, RABIES IN CENTRAL KALIMANTAN--The gastroenteritis cases which have occurred in Central Kalimantan are being handled well so that all victims have been helped and no deaths have occurred. Areas stricken by the disease include North Barito Regency with 28 victims, Katingan with 20 victims, East Kotawaringin Regency with 17 victims, and Murung Raya with 2 victims. While other areas such as West Kotawaringin, South Barito and Kapuas Regencies have not reported the disease which means these areas were not stricken with gastroenteritis. In particular 18 victims were found in Palangka Raya and are now being treated in the hospital. This was disclosed by Dr M. Hariadi, chief of the regional office concurrently chief of the Central Kalimantan Level I Health Service in response to a question from MERDEKA. Dr Hariadi said the gastroenteritis spread in Central Kalimantan from April to date, but the number of cases did not increase into epidemic proportions because the disease was handled quickly. He added the people understood that when they were stricken with gastroenteritis they were to go to the hospital immediately or drink garam gula [sweet salt] (oralit). On the same occasion Dr Hariadi said there weren't as many cases of rabies this year in Central Kalimantan as there were in past years. This year one victim died in the Kayu Bulan Village, Kapuas Regency. Fourteen inoculations were given immediately to each of the 1,093 inhabitants of 14 hamlets. [Excerpts] [Jakarta MERDEKA in Indonesian 20 Aug 82 p 4] 6804

GASTROENTERITIS IN BANJARMASIN--Gastroenteritis which began to spread in Banjarmasin municipality in early July resulted in 10 deaths by mid-August. The victims were three adults and seven children. Dr H. Mochlan Aham, director of the Ulin General Hospital, who disclosed this information to KOMPAS last week, explained that Ulin Hospital is flooded with gastroenteritis patients now. Therefore the nursing staff has had to be augmented so that the hospital can operate around the clock to serve gastroenteritis patients. Mochlan said victims die because families delay in bringing them to the hospital or public health center. If there is no delay in bringing patients in, they generally can be helped. As of Saturday, 14 August, 147 children and 104 adults were treated at the Ulin General Hospital. Those cured could return to their homes. Not infrequently those cured were brought back to the hospital, ill again because they failed to follow health instructions. The Ulin General Hospital receives gastroenteritis patients every day but the number varies. Eight to 20 patients have been received per day. [Excerpt] [Jakarta KOMPAS in Indonesian 19 Aug 82 p 8] 6804

ENDEMIC DENGUE FEVER--Some 50,000 volunteers will take part on 12 September in an intensive spraying campaign to eradicate the endemic dengue fever which has spread dangerously in the capital city claiming some 1,300 victims in the first seven months of the year. Among the 1,300 victims, the plague has most affected children from 1 to 15 years old, and 40 have already died in Jakarta hospitals, DAILY KOMPAS reported. The Jakarta districts worst hit are Jakarta Pusat (central Jakarta), south Jakarta, Depox, Cimanggis and Klender, KOMPOAS added. [Text] [Hong Kong AFP in English 28 Aug 82 BK]

CSO: 5400/5760

# CONCEPTS FOR PUBLIC HEALTH PROGRAMS DISCUSSED

Tehran KEYHAN in Persian 19 Jul 82 p 18

[Text] On the first day of the Planning Seminar for Health, Treatment, and the Training of Physicians, which was held the day before yesterday, Dr Banki, minister of state and supervisor of the Plan and Budget Organization announced: In planning for the next 5 or 10 years we must abandon mental patterns, and we certainly must not pay great attention to the standards in books from the East and the West, despite all the research they have done. We must be thinking of plans that are in accordance with our needs, resources, and limitations.

Our correspondent reports that the first session of this seminar, attended by Dr Sadeq Tehrani, several aides from the Ministry of Health, and representatives of the municipal health offices and held in the Ministry of Health library, began its work with readings from the glorious Koran.

Dr Mohammad Tagi Banki began by speaking at length about planning issues under the new country's new system of health, treatment, and physician training. He added: Today we will begin a genuine and groundbreaking movement. We hope, with a view to the will of God, the welfare of the people, and the help and intellectual collaboration of one another to devise precise, realistic, humane, forward-looking, investigative, and ever-changing plans.

Noting the country's statistics on health and treatment, and the attendant shortages and confusion, Dr Banki continued his remarks saying: These statistics show the chaotic state of health and treatment in the country. What disturbs me is the question of whether we will have these same statistics 5 years from now. If the answer to this question is affirmative, woe unto us, for the revolution will never forgive us. According to the statistics we have 85 percent of the villagers in the country are without potable running water, and more than 51 percent of the people in the country are deprived of potable water, and this is a danger signal for us. We must think in terms of the basics. We know that the elimination of these malfunctions and problems cannot be done overnight and it needs thinking and solutions. With regard to treatment we have 1.5 hospital beds for every 1,000 persons, and on the average there is 1 doctor for every 2,000 persons.

After Dr Banki's remarks, Dr 'Ali Sadeq Tehrani, aide to the Plan and Budget Organization, discussed the matters of planning and evaluation in relation to

the prevailing basic values in the country's planning. He began by addressing remarks to Ministry of Health officials and representatives throughout the country concerning the burdensome task that is on the shoulders of the country's health and treatment planners, saying: If we fail to achieve cooperation, organization, and control over the treatment centers and turn an active human being into a handicapped, incapable, and dependent person through the lack of proper health and health care, we have committed an unforgiveable sin. We must therefore realize that any kind of superficial, nonfundamental confrontation with treatment and health problems will be an irreparable blow. With regard to this, attention has been given in our religion to the matters of wisdom, planning, principled thinking, and eliminating gaps in society. He referred to the problem of just distribution of existing resources as well as expanding them, and the training of physicians, and added: The just distribution of resources in the matter of the country's health and treatment appears correct and logical at the outset and in the short run, but in the long run it is not only not good but it is even destructive because the goal must be to increase resources and capabilities.

At the conclusion of his remarks Dr Sadeqi expressed the hope that, God willing, this gathering would be able to lay the groundwork for a valuable system good for a 5-year plan (or a 20-year outlook) in the matter of the country's health and treatment.

Our correspondent reports that as this seminar continued Dr Seyyed 'Abbas Zadegan of the Plan and Budget Organization gave a comprehensive talk on the principal mission and responsibility of the social planning committees (for health and treatment) in present circumstances and examined the two chief problems, that is 'the goals and policies of the desired situation', and the planning procedure to move the existing situation into the desired situation.

The second session of the Planning Seminar for Health, Treatment, and the Training of Physicians Over the Next Five Years continued its work yesterday with Dr Manafi, minister of health.

Our correspondent reports that in this seminar the minister of health said concerning the overall system of planning for health and treatment that our revolution bears no resemblance to other countries and we do not expect our planning to resemble that in any other part of the world. With regard to health priorities, he added: We must organize our planning in such a way that we bring health care to life and take it to the villages in order to put a stop to this current dependence on drugs. With regard to treatment Dr Manafi said: We must make maximum use of a minimum of existing resources and carry out planning and co-operation forward with a correct system and correct organization. Then Dr Nik-Nezhad, chief of the planning council and Ministry of Health pharmaceutical aide, listed the main points of the basic policy on health, treatment, and the training of physicians and noted that Islamic wisdom has been mindful of all phases of health, nutrition, and treatment planning. He added: Every Iranian must be granted his legal right to health, and this is impossible except through a network of health treatment, treatment services, and public insurance. Concerning manpower training he also said: The Ministry of Health knows that it has the right to give medical training in various ranks of society and that native people are the best choices.

Afterwards as the seminar continued several members of the joint planning council of the Ministry of Health and the Plan and Budget Organization explained the general planning procedures, the training of health and treatment personnel, the design of this system in a network, and the minimum goals of the country's planning, and questions from representatives of the provincial health offices were answered. This seminar also continued yesterday afternoon.

9310

CSO: 5400/5329

IRAN

BRIEFS

MALTA FEVER REPORTED--The vast outbreak in the country of the deadly disease known as Malta fever is threatening thousands with death. Reports received indicate that the outbreak of Malta fever in Tehran and in some cities in the north and northeast, is in addition to the existence of numerous other dangerous diseases, and that the clerical government's Health Ministry is unable to take any basic steps to prevent and combat these diseases. The great shortage of medicines and the absence of thousands of doctors, who have fled Khomeyni's hell and are dispersed in various parts of the world, are among the main reasons for the spreading of diseases in the country. Diseases such as malaria, trachoma, smallpox, ringworm of the scalp, cholera and diphtheria, that had been eradicated in the country for more than 25 years, have once again spread among tens of thousands of Iranians, especially children. This report also states that in all these cases the steps taken by the Clerical Health Ministry can be summed up as advice without action. [Text] [NC261555 (Clandestine) Voice of Iran in Persian 1805 GMT 25 Aug 82]

CSO: 5400/5332

## ISRAEL

### BRIEFS

CHOLERA CASES IN GAZA--Four members of a family--a woman and her three children--in the Shatila Camp in Gaza have contracted cholera. The family members came into contact with visitors from Amman and may have been infested by them. The Health Ministry spokeswoman has reported that steps have been taken to prevent the disease from spreading. Control over the water sources in the Gaza Strip has been increased and prophylactic medical treatment has been given to the sick persons' relatives. [Text] [Jerusalem Domestic Service in Hebrew 1700 GMT 1 Sept 82 TA]

CSO: 5400/4745



INCIDENCE OF ONCHOCERCIASIS IN NORTH

Odienne: 100 Percent Incidence

Abidjan FRATERNITE MATIN in French 12 Aug 82 p 7

[Article by Sangho D.: "Odienne. Onchocerciasis. Hundred Percent Incidence in the Villages of Kobala and Dagaba"]

[Text] Dioulatiedougou. On the eve of the rainy season, the subprefecture town is almost deserted. On the very day when the prefect of the Odienne department is visiting the Nafana district for the first time, there are, we are told, two reasons for this phenomenon: work in the fields and the population exodus caused by onchocerciasis.

Onchocerciasis. A disease which afflicts the good people of Nafana. An irony of fate, considering that this subprefecture is the most fertile in the region.

Of the 14 subprefectures of the Odienne department, Dioulatiedougou is the most heavily afflicted by onchocerciasis. This is a terrible infectious disease which affects the eye and is caused by the bites of a minuscule fly called "cumul-nimbus" [as published].

These bites can cause eyesight disorders or even complete blindness.

"Here," Koffi Loukou, the young subprefect of Dioulatiedougou tells us, "this endemic disease affects nearly 70 percent of the whole population. If you consider its effects on public health and on the economy, it is a plague on society."

A moving demonstration of the Dioulatiedougou subprefect's statements is given by the villages of Kobala and Dagaba. There, 100 percent of the population is affected and almost entirely blind. A visit to these villages brings a lump to your throat. When you see whole families, old and young alike, who are blind, you cannot remain indifferent and you feel what a cruel hold onchocerciasis has on the region.

How did these villages get to this point?

## Cut Off From Development

Able-bodied men are the first to be affected. When they work the soil, hunt or fish in fast-flowing rivers where the simuliid laid its eggs, they find themselves in direct contact with the disease. After that, they neglect the first symptoms, never go to the rural health station, or wait too long. Thus, our good farmers are infected with larvae and become carriers of the disease: for a simuliid which has bitten a person affected by the disease can then contaminate a healthy person, thus spreading the disease in an infernal cycle.

The people who live in these villages consider onchocerciasis as unavoidable. This is another factor favorable to the propagation of the disease. For it results in an attitude of passive resignation on the part of the patients. The consequences? They become incurable and are blind, irreversibly so.

This is why one of the first concerns of the administrative and health authorities of the Dioulatiédougou subprefecture is to protect the young and still healthy population.

"Among the measures recommended," Mr Koffi Loukou tells us, "destruction of the simuliid which transmits onchocerciasis comes first; but," the subprefect insists, "to save people we must evacuate them from the areas affected, away from the larvae-infested sites. This is why we have recommended that the villages affected be grouped together. However, the people themselves must feel that this displacement and regrouping is necessary." Unfortunately, these populations, almost decimated by onchocerciasis, still hesitate to abandon their land, claiming that it is the birthplace of their ancestors.

At Dioulatiédougou, the subprefecture town, the nurse in charge of the rural health station, Mr Kouadio Fodio Ignace, hardly gets any sleep. With many demands placed on him, he does his best to attend to the most urgent things first.

"As soon as an official is appointed," Mr Kouadio tells us, "he has to take a test." The test consists in giving to the "suspect" one fourth of a Notezine tablet. If he itches, the test is positive, which means that the subject has incipient onchocerciasis. If he does not itch, the test is negative and the subject not threatened.

Another test used by the investigating team consists in taking skin samples in the laboratory. "At Dioulatiédougou," the nurse tells us, "close to 80 percent of the tests are positive."

At Dioulatiédougou, although he does not have adequate equipment, Mr Kouadio often removes cysts if they are easy to reach, thus saving for a while several people from the terrible disease.

"A very fertile region, Dioulatiédougou is willing to share in the national effort to achieve food self-sufficiency," the subprefect, Mr Loukou, believes. "But," he adds, "handicapped as we are physically--because blind--and numerically--because of the exodus--we are cut off from the country's economic development."

## Villages Must Be Moved

Abidjan FRATERNITE MATIN in French 13 Aug 82 p 7

[Interview with Mr Benoit Koulai Daudie, prefect of Odienne, by Sangho: "Odienne. Onchocerciasis. 'The Villages Affected Must Be Moved,' Prefect Daudie States"; date and place not specified]

[Text] One of the first concerns of Mr Benoit Koulai Daudie, prefect of the department of Odienne, from the moment he was appointed to the region last November, has been to eradicate onchocerciasis which cruelly affects the 14 subprefectures. However, his main concern is for the Dioulatiedougou subprefecture, the most heavily affected. On a recent visit to this region, "the most fertile in his department," the prefect of Odienne has again assured the people of "his determination to help them control as soon as possible this terrible disease which is slowly destroying the region." In an interview he gave us, Mr Benoit Koulai Daudie explained for FRATERNITE-MATIN the underlying causes of the disease and the obstacles that delay its eradication.

[Question] Mr Prefect, how do you explain the acute ravages caused by onchocerciasis in the Dioulatiedougou subprefecture?

[Answer] The disastrous situation created by onchocerciasis in the subprefecture is not unrelated to its geographical location. The region is enclosed by the catchment basins of two rivers, the Sien and the Tiemba, which carry the vector of the disease. The consequences? Although the vectors are destroyed, new ones arrive during the rainy season, especially from neighboring Guinea which is not yet a member of the WHO convention to control onchocerciasis.

[Question] What emergency measures are taken at department level?

[Answer] In collaboration with the WHO office at Odienne, the rural health station is trying to eradicate the disease. Periodically, the WHO (World Health Organization) office has insecticides sprayed on larvae-infested sites.

[Question] Is that adequate, considering the spread of the disease?

[Answer] As soon as I came into office, I sent an SOS to the management of the emergency program in order to obtain an additional 100 million francs or so. This amount would enable us to take measures that could save this region in distress.

In our opinion, the first thing to do is to move the villages already affected by onchocerciasis. For instance, Kobala, where over 80 percent of the people are blind. Or Massadougou, where the incidence of blindness among the village inhabitants is equally disturbing.

## A Fertile But Deserted Region

Viable sites, sanitarily speaking, have already been found. It is high time to move there the populations which show disturbing symptoms of the disease. I have taken advantage of my recent visit to the Dioulatiedougou subprefecture to ask the cadres, elected officials and children of the region to help us move their parents to the new sites, as soon as we have obtained the funds requested. This is a sensitization and explanation task and we keep urging all those who want this region to prosper to join in it.

For his part, the Dioulatiedougou subprefect has multiplied his visits to all the region to sensitize the people to the necessity of moving the populations that are affected or threatened.

[Question] Dioulatiedougou is a very fertile region and has several villages which are very dynamic economically, but are isolated.

[Answer] That is true, this subprefecture which is cruelly affected by onchocerciasis is, an irony of fate, the most fertile in the region. And it is not by chance that the government has chosen it as the site for an experimental project covering nearly 2,000 hectares, from which much is expected: this is the Soy project, which is doing very well and includes 1,000 hectares at Farako and another 1,000 at Doumba.

This is why, if we are to control the disease, it is urgent to break the isolation of certain villages which have shown remarkable agricultural dynamism but are nearly inaccessible during the rainy season. For instance, the villages of Tindikro and Zandougou, although administered from Dioulatiedougou, are located not far from Seguela. Since there are no access roads between these villages and the subprefecture town, the people of Dioulatiedougou, and especially the subprefect, must make a long detour of over 170 km through Odienne and Tieme, when 27 km of access roads would be enough to connect these villages. Therefore, grouping these two villages together on one viable site should be a top priority.

[Question] With the most fertile soil in the area, Dioulatiedougou has the lowest population density as a result of the massive exodus caused by onchocerciasis. What measures would you recommend to put an end to the exodus of able-bodied men from the region?

## No Production Without Able-bodied Men

[Answer] The minister of Health is aware of the situation prevailing in Dioulatiedougou. He has already taken measures to improve it. The health of the Dioulatiedougou subprefecture's population is at stake. Once again, let us point out that the two rivers which carry the disease vector take their source in Guinea. And, with every rainy season, the WHO insect control campaign in the area is doomed to failure since larvae from the neighboring country keep coming back to the areas previously treated by the WHO Odienne office.

The tragic consequence of this situation is indeed the exodus of able-bodied men from the region, fleeing contamination, while the remaining population, affected to a large extent, sees its productivity seriously compromised.

This is why we would like to take this opportunity to ask the minister of Agriculture to intensify his program, to make the populations living near soy fields aware of the importance of this crop and hope on areas which might be placed at their disposal [as published]. This is also why we encourage the Doumba and Farako cooperative groups (GVC's) to diversify their production.

The spectre of onchocerciasis is hovering over the region and we must make it disappear. To this end, emergency action must be taken and all must participate. The secretary of state to Agriculture, who visited the region recently, is aware of the problem. For, even with fertile lands, there can be no agriculture without able-bodied men.

9294

CSO: 5400/5762

HEALTH OFFICIALS ON ONCHOCERCIASIS

Newspaper Report Challenged

Abidjan FRATERNITE MATIN in French 16 Aug 82 pp 12-13

[Interview with Lazen Coulibaly, Minister of Public Health and Population, Lenissongui, principal private secretary, and Ibrahima Kone, director of International Relations at the Ministry of Public Health and Population, by Ladj Sidibe: "To Move the Farmers Would Mean Giving Up the Onchocerciasis Control Program"; date and place not specified]

[Excerpts] In our Thursday and Friday issues, our permanent correspondent in Odienne disclosed the ill effects of onchocerciasis, the calamity which afflicts the subprefecture of Dioulatiédougou, in the Nafana district. Concerned by the dramatic turn and the extent taken by the disease, the department prefect recommended that the populations living in highly infested areas be moved away. This suggestion of Prefect Benoit Koulai Daudie does not meet with the approval of the Ministry of Public Health and Population in Abidjan, for one thing. And for another, officials from the ministry also believe that the facts, as reported by our permanent correspondent, are highly alarming and, therefore, could discourage donor countries who have for many years invested huge amounts to eradicate this disease from our subregion. Besides, moving the farmers would not in any way solve the problem; on the contrary, it would place an additional burden on the populations involved.

These opinions were discussed at length during the informal interview we had Friday afternoon, for over two hours, with the highest officials of the Ministry of Public Health and Population, including their leader, Minister Lazen Coulibaly himself.

Let us mention that an unrewarding and long-term task was started in 1974 by an Interstate Committee comprising Benin, Upper-Volta, Mali, Niger, the Ivory Coast and Togo, and receiving the assistance of friendly countries, in order to eradicate it [onchocerciasis] for good. Thus, a program was started in 1975 to spray insecticides on all the rivers of the Volta Basin. In 1977, this program was extended to all the infested territory, especially savanna

areas. As a result, according to the Health Ministry officials we interviewed, the Dioulatiedougou area has been continuously treated since 1978.

[Question] Then, how can you explain the impressive rate of onchocerciasis blindness in the villages of Kobala and Dagada? Is it not true that the areas treated are reinfested by the floods of rivers from neighboring countries that are not members of the Interstate Onchocerciasis Control Committee?

We are addressing our questions to Minister Lazené Coulibaly, Mr Lenissongui, principal private secretary, and Mr Ibrahima Kone, director of International Relations at the ministry of Public Health and Population. As an expert on the subject, the latter speaks first and tells us that "actually, onchocerciasis is not transmitted through contaminated water. The gnat called simuliid is alone responsible for transmission of the disease. It lays its eggs in running water where they attach themselves to immersed branches. There, the larvae can develop undisturbed, and turn into more gnats which in turn will bite diseased individuals and thus pick up the pathogenic agent which they will transmit to healthy individuals."

Those in Dioulatiedougou Who Are Blind Were Infected Before 1977

[Question] Since, as you just said, contamination does not occur through the floods of rivers from neighboring countries, then how is it that regions that have already been treated are reinfested with onchocerciasis-carrier gnats?

[Answer] The gnats which proliferate in the untreated areas of neighboring countries are pushed by the wind during certain months of the year (April, May, June). They cross the border. Studies have been made and show that gnats can be blown by the wind over 300-500 km and reinfest our lands. However, this does not represent an immediate danger as long as, every week, onchocerciasis control teams are spraying the rivers with insecticide products which quickly destroy the gnat larvae.

[Question] Are the Dioulatiedougou areas included in this regular spraying program?

[Answer] Since 1977, the Dioulatiedougou area has been treated every week. However, at certain times of the year, when treatment has proved efficient enough and the number of gnats caught by the control teams falls to a very low level, we stop spraying. We then carry out tests to determine when a reinfestation of these areas can be expected.

[Question] Yet, our permanent correspondent in Odienne just reported truly dramatic situations in villages of the Dioulatiedougou subprefecture, with rates of blindness of over 70 percent in Kobala and Dagada?

[Answer] We are very much surprised at your correspondent's statistics. This morning, I called the Odienne health district, which your reporter did not contact to get more information. If he had, he would have had a better picture of the situation. For onchocerciasis is a chronic disease. Once infected with the pathogenic agent, it takes 8 to 10 years to get blind. Therefore, you cannot lose your eyesight one year after being contaminated.

Therefore, it is obvious that those in the villages of Kobala and Dagada who are now blind were contaminated before 1977, when the disease control program started. Indeed, the disease goes through several stages before the eyes are directly affected. And even when they are, it is known that there are several stages before the patient is entirely blind. Now, unfortunately, once you are blind, there is no cure.

[Question] Assuming that our correspondent exaggerated the facts, as you say, an opinion which we do not share, how would you explain the decision of the prefect, the highest official in the department, to move the villages affected by onchocerciasis?

[Answer] According to the minister of Health, the prefect may reverse his decision after reading this article. The problem cannot be solved by moving farmers. As our expert just told you, the simuliids (gnats) which are the vectors of the disease, can easily cover 300-500 km in 2 days when they are pushed by the wind. Should we therefore go on abandoning good lands? Besides, such a decision would go against all the motivations which resulted in the implementation of the present program financed by the Ivory Coast and many friendly countries, including the United States, and sponsored by WHO. We are primarily concerned with eliminating the harmful gnats so as to enable a satisfactory settlement of the fertile lands along the rivers.

#### Two Types of Onchocerciasis

[Question] The onchocerciasis control program started in 1974-1975 in the Volta valley. It has now been extended to other areas in the north of the country. Tell us quite frankly now, are there still in the country areas where there are good grounds for being worried, as in Dioulatiedougou?

[Answer] Generally speaking, Mr Ibrahima Kone explains, the whole savanna area is covered by the program from east to west. From the Bondoukou-Bouna regions to the Touba and Odienne border areas. We should mention that there are two types of onchocerciasis; that of the savanna and that of the forest. These types of onchocerciasis are transmitted by two gnats of the same species, but belonging to different strains. In principle, savanna gnats cannot live in the forest, and reciprocally. Also, it has been observed that forest gnats can go into the savanna up to a certain point, and those from the savanna go down to a certain limit. Now, it so happens that savanna onchocerciasis is the one likely to make you blind. So that, at the start, the program essentially involved savanna areas. Then, we became aware that, in the Ivory Coast as in other countries applying the program, in addition to the savanna and forest onchocerciasis, there is an intermediate type of gnats in the lands bordering on the forest and on the savanna. Therefore, in 1978, the Ivory Coast asked that the program be extended to this buffer zone. It won its case. And the Ivorian contribution to this program expansion is estimated at over 827 million. Treatment in the buffer zone starts downstream from Tiassale and all the way to the north.

[Question] You just said that forest onchocerciasis does not cause blindness. But doesn't it have other harmful effects on those who are affected? What are its symptoms?



[Answer] Forest onchocerciasis has the same clinical symptoms as savanna onchocerciasis: skin rashes, itching, skin depigmentation, etc.

[Question] Let us go back to the question which you have not yet fully answered; we would like to know if Ivorians run risks of sudden contamination in spite of the program in progress?

[Answer] If we, at the Ministry of Health, Dr Ibrahima Kone goes on, have made it a point to react quickly, it is not because we have something to hide. But the situation is not at all as your permanent correspondent described it. As I told you, I contacted the Odienné health district; I also called the WHO headquarters in Bouake, which contacted Ouagadougou, headquarters of the Interstate Onchocerciasis Control Committee. In the afternoon, they sent me detailed information on the situation as of 1977. If we compare these WHO data with the report prepared in March 1982 by the Odienné center, we note that a profound change has taken place. Take Kobala for instance: a WHO survey made in April-May 1977 revealed a prevalence rate of the disease of 95.4 percent, with a 4.7 percent rate of blindness. In the same village, the last survey, made in February-March, found a prevalence rate of 30 percent.

In Bogoda, the statistics for the periods considered are as follows: the prevalence rate of the disease in 1977 was 96.4 percent, with a rate of blindness of 2.7 percent, compared with 16 and 1 percent respectively in 1982.

In Sanankoroba, in 1977, the prevalence rate of the disease was 94.8 percent, the rate of blindness 5.8 percent. The 1982 survey shows a prevalence rate of 38 percent and a blindness rate of 11 percent.

In addition, the 1975 census showed a total population of 3,493 inhabitants for the whole Nafana district. Our investigators called on 2,949 people, 590 of whom had onchocerciasis, i.e. a prevalence of 20 percent. This survey was made last February-March. Of these 590 onchocerciasis patients, 41 were totally blind, and 82 suffered from eyesight disorders. And this is a hyper-endemic area.

The fact that the Odienné district health center was not asked to comment on, or explain the information gathered resulted in a serious twisting of the facts. This could be detrimental to the program in progress. You must know that, since 1957, a campaign to control onchocerciasis had been in progress in Mali, Upper-Volta and the Ivory Coast, but it used makeshift means. We would follow the rivers, either with little boats or with trucks, to spray insecticides like DDT. And, in spite of these somewhat rudimentary methods, we had obtained encouraging results. So that the countries interested in the program had shown increased interest in the following program which used more modern spraying methods. And its performances were improved since DDT had just become available on the international market.

Advantage of the Program: Allowing the Farmers to Remain

From the start of the onchocerciasis control program, the donor countries had, and still have today, one main objective; to clear the fertile lands of harmful

gnats and allow agricultural settlements. This, they believe, will lead to a local increase in food crops. These reasons alone convinced donor countries, such as the United States, who provide millions of dollars every year for the onchocerciasis control campaign.

For the 1982 campaign alone, 5,600 million have been budgeted. And the 1980-1986 program is now estimated at some 38 billion. When such financial commitments are involved, if the donor countries read in the leading Ivorian daily that the only means to control onchocerciasis is to move the farmers to less fertile lands, they might be discouraged. Especially since the areas involved have just been cleared by the program they financed.

We do think, on the contrary, that these good lands which have been practically cleared of onchocerciasis gnats must be resettled. To abandon the good lands would mean giving up the program as it would have become senseless.

#### WHO Report on Onchocerciasis in the Ivory Coast

"Seven hundred and sixty-six persons living in 6 villages were examined. Three of the villages visited belong to the Bondoukou department. The data collected in the three villages, Tagadi and Kamala on the Black Volta, and Toumbo on the Comoe-Deraba, should be interpreted with caution since only 383 patients were examined out of the 814 registered. The poor population representation could be due to a seasonal migration toward coastal areas. As a whole, a slight decrease in the overall prevalence rate was noted. This decrease is more apparent in the younger age groups: no new cases were found among children under 5, and prevalence in the 5-9 age group dropped from 31.3 percent in 1976 to 6.7 percent this year in Tagadi, and from 33.8 percent in 1978 to 5.6 percent this year in Kamala."

"On a second visit to 3 villages of the Korhogo region, Bissidougou and Ouattaradougou on the Bou River, and Beniasso on the upper Kankelaba, 383 out of 476 inhabitants registered were examined, a very satisfactory rate of representation. There again, no new cases were detected among children under 5, and prevalence in the 5-9 age group declined markedly since 1976: from 38.9 percent to 15.4 percent in Bissidougou and Ouattaradougou, and from 30.8 percent to 18.7 percent in Beniasso."

The above is an excerpt from the January-March 1981 report of the Volta Basin Onchocerciasis Control Program, a WHO document.

#### Ibrahim Kone On Onchocerciasis

Abidjan FRATERNITE MATIN in French 17 Aug 82 p 6

[Interview with Ibrahima Kone, director of International Relations at the Ministry of Public Health, by Ladji Sidibe: "There Is Hope For Onchocerciasis Patients Who Are Not Yet Blind"; date and place not specified]

[Excerpt] Mr Ibrahima Kone, director of International Relations at the Ministry of Public Health, answers our questions.

[Question] What have been the results of this program since 1974, when it started?

[Answer] We can now say that victory is total on 85 percent of the program area, which includes not only the Ivory Coast, but also Mali, Upper Volta, Niger, Benin and Togo. In other words, the disease is no longer transmitted on any part of this area. This does not mean that these regions are entirely free of gnats, there are a few. But you should know that, out of 100 gnats, no more than 3 will transmit the disease. This is because not all gnats are infected. And among those which are infected, one out of three can transmit the disease. Therefore, when we say that the disease can no longer be transmitted, we mean that there may be a few gnats, but they can no longer cause an epidemic; in other words, they are no longer a public health hazard.

[Question] Does this mean that the populations living along the Volta can now work the land undisturbed?

[Answer] Yes. The 85 percent of the program area which have been cleared must now be resettled. In Upper Volta, for instance, a savanna area, the country is 100 percent covered. As a result, a national program was started to resettle the lands which the farmers had abandoned. For, over there, some areas had been entirely deserted because of onchocerciasis.

(Once again, Mr Lenisongui Coulibaly intervenes to point out that the crux of the matter is to know whether or not progress has been made. He referred us to a WHO report published in January-March 1981. "For you must evaluate the program from its inception until now. Therefore, to orient ourselves, let us see if children in the 5-9 age group are affected in the same manner." See last Monday's issue.)

[Question] What can be done for those who are already infected by the disease? Are they doomed to become blind?

[Answer] The progress of the control campaign brought to light a very interesting fact. It was assumed that at least 20 years were necessary for the filariae (the pathogenic agents) to die in the patient's organism. This is why the onchocerciasis control program covers a 20-year period. In the areas that had been cleared, it was observed that the filariae would die in the patients' organisms after 4-5 years. As a result, and even without proper medical treatment, in the areas cleared, the patients who suffered from eyesight disorders showed a marked improvement of their visual acuity as the worms died in their organisms. Unfortunately, there is practically no cure for those who are already blind. In view of this, we can say that, in areas which have been entirely cleared of gnats, the disease will die out for lack of reinfection. And we can say that, in areas where there is no gnat reinfestation, onchocerciasis could be totally eradicated in 15-20 years.

#### Research in Progress Gives Rise to Hope

In addition, extensive studies are now being made all over the world by large pharmaceutical companies to develop drugs that could efficiently control not

only the filariae, but also the microfilariae. The drugs now available cannot be used for massive campaigns, for they cause terrible itching and, therefore, require very strict medical control. And this is not possible when thousands of individuals distributed over large areas of the national territory are involved.

If pharmaceutical research is conclusive, as we strongly hope, the 20-year period required to eradicate the disease could be further reduced.

The second remark we would like to make here is that, once a drug is found to destroy the worms in the patients' organisms, it will no longer be necessary to control the simulids (gnats) as we are doing now, since contamination is possible only from diseased subjects. Then, people on the farms will still suffer from gnat bites, but these will have no consequence.

[Question] Tell us frankly: does there not remain an area of permanent concern in the Ivory Coast?

[Answer] Concern about potential risks, yes. By that, we mean the areas located at the borders with foreign countries not participating in the Onchocerciasis Control Program. Actually, in these border areas, the lands cleared of gnats are frequently reinfested. But, as long as the program goes on, there is no danger since, every week, all gnat-infested rivers are sprayed with an insecticide product, ABATE, which is more effective than DDT.

#### Possible Reinfestation

However, a problem might arise if the program is terminated and if, in the meanwhile, nothing is done on the other side of the border to control the simulids; then, after a few years, our border areas would have the same gnat density again. This is why we keep explaining to the countries who finance the program that it is practically of no use to keep clearing out border areas if nothing is done on the other side. Fortunately, we have been heard. And we have here a document, which we can give you, which details our current negotiations with countries who do not yet belong to the Interstate River Blindness Control Program.

This document is a 122-page report including maps of the areas to be covered and tables giving estimates of personnel requirements per country. This report was prepared during the second session of the Onchocerciasis Control Program Joint Committee. Actually, it is a summary of the feasibility study for a program similar to that carried in the Ivory Coast, Mali, Upper-Volta, Niger, Ghana, Togo and Benin. It is entitled: "Senegambia Project: Onchocerciasis Control in Guinea, Guinea-Bissau, Mali, Senegal and Sierra Leone."

Chapter Five of this report mentions that "the initial program budget covers a six year's period so as to include at least one full year of air-spraying for the whole project area." The document is chockfull of extremely interesting data concerning the national contributions of the countries involved, international contributions, the river basins to be treated, etc. One important factor which we patiently looked for is unfortunately missing from this report: the starting date for the Senegambia Program.

Hopefully, this project will be implemented so the simulid eradication campaign in African tropical areas can be successfully completed, as we all wish.

DEFENSE MINISTRY CIRCULAR ON MALARIA PREVENTION

BK140743 Phnom Penh Domestic Service in Cambodian 1200 GMT 13 Jul 82

["Circular of the Ministry of National Defense"]

[Text] In our country, there are many areas infested with mosquitoes which are the cause of malaria. This disease occurs every year but the incidence is particularly high toward the end of the dry and rainy seasons. At present, this disease is affecting every unit at the front, seriously weakening the army. A number of combatants have died from serious cases of malaria.

To ensure the health of combatants and to reduce to the minimum the number of cases of malarial infection, the Ministry of National Defense instructs the commanders of all army units strictly to implement the following orders:

1. Cadres in all units must organize meetings to discuss measures to eradicate malaria. This task must be regarded as equally important as that of fighting the enemy. Every cadre must be attentive and duty-bound to seek measures to eradicate malaria from the army because of the fact that, over the past few years, this disease has sapped the strength of the army more than anything else. The number of cases of malaria have been actually greater than battle-field casualties.
2. Army inspection must be thoroughly carried out. Every unit member must have a mosquito net. Cadres at every level must make sure that each soldier has mosquito net, that he refrain from giving it away and, when he goes to sleep, that he sleeps inside it. Otherwise, he cannot avoid catching malaria through mosquito bites.
3. Unit members must be led strictly to implement all preventive measures against malaria promulgated by the military health service, such as clearing bushes around camps for sanitation purposes, observing cleanliness in the mess hall and maintaining personal hygiene.
4. Good emergency care and proper medical treatment must be made available to malaria victims, particularly those affected by the acute form of malaria. Timely treatment must be given the latter cases and a sufficient stock of medicines, particularly the most effective ones, must be kept.

Avoid prescribing inappropriate medicines which can make the infective agents more resistant to future treatment. During treatment, attention must be paid to patient's diet. They must have enough to eat according to the regimen. If the treatment is beyond the unit's ability, the patient must be sent to an infirmary or a hospital in the rear.

5. At present, our army lacks doctors and physicians. Our cadres must make every effort to consult with specialised Vietnamese doctors and physicians on the treatment and use of medicine. The guidance of Vietnamese doctors and physicians must be strictly followed.

Once this circular is received, all cadres must promptly implement it. Every week a report must be forwarded to the higher authorities to inform the Ministry of National Defense and to get its advice.

[signed] Bou Thang, minister of national defense.

CSO: 5400/5775

LAOS

BRIEFS

ANTI-MALARIA CAMPAIGN--Vientiane, 5 Aug (OANA/KPL)--An anti-malaria and tropical diseases institute, under the Ministry of Public Health, during this rainy season, has sent its workers to collect data on the root causes of malaria, diarrhea, conjunctivitis, and whooping-cough affecting local people of Phontieu village, Hinboun District in the central province of Khammouane. During the 2-week data-collecting, the workers of the institute carried out experimental treatments. In addition, 788 local houses were sprayed with DDT, and 35,500 anti-malaria tablets were dispensed to the local people. [Text] [Vientiane KPL in English 0908 GMT 5 Aug 82 BK]

CSO: 5400/5775

## BRIEFS

IDF HOSPITAL IN SOUTH--Next to the IDF airport in South Lebanon, there is a field hospital, one of the most sophisticated that has been lately established by the Medical Corps. In this field hospital where all the IDF wounded in Lebanon, including Beirut, are transferred before they are taken to hospitals in Israel, there are two operating rooms with the latest equipment, similar to operating rooms in large hospitals in Israel, and several more operating rooms for emergencies. The hospital has three sorting and recovery rooms. It is possible to perform complicated operations in the hospital that could stabilize the condition of the seriously wounded who are brought to the place. Twelve physicians and a team of surgeons serve in the hospital. Next week 10 nurses from hospitals throughout Israel will come to perform their reserve duty in the military hospital. So far the military hospital in Ansar performed seven emergency operations, of them five were on wounded IDF soldiers and two on seriously wounded Lebanese children. Each day many Lebanese civilians who are in need of medical treatment come to the hospital. Senior IDF physicians at the hospital in Ansar described the medical standards in the Lebanese hospitals as poor and as capable of endangering the health of the inhabitants [Text] [Tel Aviv DAVAR in Hebrew 3 Aug 82 p 3] 9944

TUBERCULOSIS IN SOUTH--Twenty-five cases of tuberculosis were discovered lately among peasants in South Lebanon. Hundreds of cases of tuberculosis were discovered among the terrorists who are in a detention camp in South Lebanon. The IDF got medicine for them from abroad which it did not have in its inventory and they are now receiving the proper medical treatment. By the way, the medical supplies that were discovered in the terrorist's warehouses in South Lebanon contained a very large quantity of cough syrup, which indicates the scope of the spread of the disease in the region. Recently, a young man from a village near Beirut arrived in a hospital in Safed coughing and spitting blood. After he was diagnosed as having a serious case of tuberculosis, all the members of his family were brought to the hospital. In the checkups, two of his brothers were found to also be suffering from the disease. After a 10-year-old boy from Marj-'Uyun was diagnosed as having tuberculosis, a team of physicians from the hospital in Safed went to the Christian enclave in South Lebanon and found additional numbers of sick people among his relatives. The physicians believe that the lack of preventive medical services, poor hygiene and housing cause the spread of the disease.



The physicians are worried over the danger of the spread of the tuberculosis disease to Israel since IDF soldiers serve in the region. Up until the war the hospital in Safed operated a preventive service in Kiryat Shmona which conducted tests for early detection of tuberculosis among the militia men of Colonel Haddad; because of the war this activity was halted. [Text] [Tel Aviv YEDI'OT AHARONOT in Hebrew 1 Aug 82 p 5] 9944

CSO: 5400/4741

MALAYSIA

BRIEFS

DENGUE EPIDEMIC--The deputy minister of health told newsmen on 27 August that the number of reported dengue cases had topped the 2,000 mark. The worst affected states were Penang and Perak. In Kuching, Sarawak, two more suspected cases of dengue hemorrhagic fever were detected in the last 24 hours; the number of suspected dengue cases stood at 61 in the state. The number of dengue hemorrhagic fever and dengue fever cases reported throughout the country since its outbreak stood at 2,049, 58 more than the previous day. [Text] [BK291723 Kuala Lumpur Domestic Service in English 1330 GMT 27 Aug 82]

NEW DENGUE CASES--Another 61 new cases of dengue were reported from the various states today, bringing the total reported since its outbreak to 2,110. The Health Ministry said 46 dengue fever and 15 dengue hemorrhagic fever cases were reported. The death toll remained at 31. No new cases were reported in Johor, Kedah and Sabah. [Text] [BK291723 Kuala Lumpur Domestic Service in English 1130 GMT 28 Aug 82]

DENGUE ENDEMIC TOLL--According to a spokesman of the Health Ministry, 41 new cases of dengue were reported on 1 September from various states, except Kedah, Perlis and Sabah, bringing the total number of cases since the outbreak to 2,256. The death toll from the disease stood at 32. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 1 Sep 82]

CSO: 5400/5760

## MEXICO

### BRIEFS

OAXACA DENGUE CASES--Tuxtepec, Oax.--According to health authorities the inhabitants of the Oaxaca basin area are being decimated by dengue, a terrible infectious disease that is contracted through the bite of the *Aedes aegypti* mosquito. The high incidence of persons afflicted with dengue is due to a lack of hygiene, since the carrier mosquito reproduces by the millions in dark, stagnant waters, mudholes, or simply in small pools produced by those who draw water, housewives for cooking. Upon being interviewed in this regard, Dr Octavio Manuel Corres Castillo, director of Raral Hospital in this town, said that this disease causes serious disorders in an individual. Upon contracting the virus, he becomes a victim of intense disorders, such as headache, vomiting, high fever, body aches and pains, hemorrhaging, etc. The doctor also said that there have been no reported deaths from this cause. However, he explained that if it is not treated in time, dengue can be fatal. [Excerpt] [Tuxtla Gutierrez LA VOZ DEL SURESTE in Spanish 6 Aug 82 p 4] 8255

YUCATAN PENINSULA MALARIA--Campeche, Camp., 16 August--One thousand five hundred and thirteen cases of malaria were detected in the first half of the year in the Yucatan Peninsula, 1,117 of which principally in the communities near the Guatemalan border. The director of Zone One of the National Commission for the Eradication of Malaria, Jose Ochoa Izaquirre, reported that fumigation has been intensified in the area in order to destroy the fly that is the transmitter of the disease. He specified that personnel of the commission have been concentrated in the localities of greatest incidence in order to eradicate the disease. Ochoa Izaquirre said that 52 of the detected cases were in the Yucatan and the rest in Quintana Roo. [Text of article by Jorge Gonzalez V., ESCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 17 Aug 82 p 31-A] 8255

CAMPECHE DYSENTERY DEATHS--Campeche, Camp., 18 August--An outbreak of dysentery was detected this past July in the town of Becam and as of now has caused the death of two children. Thirty-six families are running the risk of this same danger if not treated in time. Those sick with dysentery are natives of Chiapas and Veracruz, who were transferred to the ejido of Becam by agrarian authorities. Becam lacks the most essential of medical and public assistance services, said Alfonso Mass Gomez, chairman of the ejido commissariat. Mass Gomez said that the case has been reported to the SSA [Secretariat of Health and Assistance], and was told that a medical team would

be sent from the National Indigenous Institute(INI), but up to now no one has arrived. The nearest clinic is about 60 kilometers away and there is a lack of medicines. William Peralta Pinto, secretary general of the League of Agrarian Communities, said that William Escalante, chief of Public Health Coordinated Services in the state, is an irresponsible professional, since he always waits for people to die before investigating and solving the problem that they represent. He added that the same disease has been detected in the towns of Nuevo Progreso, Nunkini, Hopelchen, and Escarcega. [Text of article by Jorge Gonzalez V.,EXCELSIOR correspondent] [Mexico City EXCELSIOR in Spanish 19 Aug 82 p 7-D] 8255

VERACRUZ DENGUE UNCONTROLLED--Playa Vicente, Veracruz, 27 August--It has not been possible to control dengue in the central and southern sections of this area because steps were not taken to control the proliferation of the fly that transmits the disease. While there is a weekly average of 60 to 70 cases in Veracruz, there are also about 400 cases per week, including adults and minors, in the villages of Gabino Barrera, Villa Azueta, Tesechoacan, and Playa Vicente, among others. Dr Gloria Mendoza Ruiz, chief of Health Branch No 6, said that there has been a 60 percent increase in dengue cases in the past 2 weeks. Dr Jacinto Barajas Hernandez, a representative of the Baja Cuenca del Papaloapan Medical Association, said that the situation is becoming more difficult day by day in the area because of a lack of specific programs to combat the dengue transmitter fly. [Text of article by Eloy Perez Benitez of EXCELSIOR] [Mexico City EXCELSIOR in Spanish 28 Aug 82 p 7-D] 8255

SOUTHERN BORDER COMMUNITY DISEASES--Campeche, Camp., 28 August--The inhabitants of 10 communities near the Guatemalan border who drink contaminated water are afflicted with dysentery and parasitosis, said Besiderio Ortegon Quintal, a representative of the National Indigenous Institute. He added that an emergency campaign to control those diseases was started yesterday. The communities are located in the towns of Hopelchen and Champoton, where thousands of cases of amebic dysentery and intestinal parasitosis have been ascertained. The communities that are most afflicted by those diseases include: Kilometro 120, Echeverria Castellot II, Emiliano Zapata, Puebla de Morelia, Felipe Angeles, and Gomez Farias. Ramon Chavez, chief of the mobile unit of the Public Health Coordinated Services, said that those diseases result from the inhabitants drinking contaminated water. [Text of article by Jorge Hernandez V., of EXCELSIOR] [Mexico City EXCELSIOR in Spanish 29 Aug 82 p 8-D] 8255

CSO: 5400/2208

NAMPULA VACCINATION GOALS PARTLY FULFILLED TO-DATE

Maputo NOTICIAS in Portuguese 24 Aug 82 p 3

[Text] Out of the 2,065 tuberculosis vaccinations envisioned for 1982, a total of 1,391 have already been carried out, which represents a percentage of 66 percent.

Meanwhile, 1,289 measles vaccinations have been carried out, from the 2,065 needed.

The Nampula district health director disclosed these data and stated that these numbers are related to the first quarter of the year. As for tetanus, the goal to be reached is 4,310 vaccinations and 2,552 of them have taken place, representing a percentage of 59 percent in relation to the first dose, with 972 vaccinations still left to be carried out in relation to the annual objective.

According to the health director, the goal for the second dose is 3,447 vaccinations; during the first half of the year 728 vaccinations were effected.

The Nampula district health director stressed that there was a shortage of anti-tetanus vaccine during that period, causing a temporary stop in the vaccination process.

"However," he said, "this slow-down only affected students, workers and peasants. We gave priority to pregnant women; that is why statistics for the second dose are lower than those for the first."

It was also announced that because of transportation difficulties, the activities of the enlarged program of vaccinations in this district only started in March, and efforts have been made to regain lost times.

CSO: 5400/5771

POLAND

MENINGITIS OUTBREAK IN TARNOW PROVINCE REPORTED

Krakow DZIENNIK POLSKI in Polish 31 Aug 82 p 1

[Text] Yesterday [30 August 1982] as of 8 a.m., 406 cases of meningitis were recorded in Tarnow Voivodship. The disease most frequently attacks persons in the 18-30 age bracket.

A decline in the morbidity has been noted in the region of Dabrowa Tarnowska, but new cases have occurred in the areas of Tarnow and Brzesko.

Despite the fact that the cured patients are leaving the hospitals--up to now 138 persons were discharged--there are still problems with the assignment of vacant beds to newly-admitted sick persons. The number of beds in the contagious ward in the Voivodship Hospital in Tarnow has been increased to the maximum and also rooms in other wards have been reserved. Many of the sick have been brought to health service posts in other voivodships, among other places, to Staszow, Kielce, Krakow, Lancut, and Mielec.

Fortunately, the disease is of a rather mild type and is not life-threatening.

CSO: 2600/3011

## SOUTH AFRICA

### BRIEFS

POLIO ON RETREAT--A continuing downward trend of the incidence of poliomyelitis in South Africa and the national states indicated that the epidemic was now under control, the Department of Health and Welfare in Pretoria said in a statement today. "The virus causing the disease, however, is always present," it said. Young children should continue to be immunised. It was the responsibility of parents to take their children to clinics or private doctors to make sure they receive the necessary number of vaccination, the statement said.--Sapa [Text] ] [Johannesburg THE CITIZEN in English 2 Sep 82 p 11]

CSO: 5400/5767

## BRIEFS

CHOLERA IN SOUTHERN PROVINCE--Nakhon Sithammarat--Twelve people have been hospitalised in this southern province following an outbreak of cholera, doctors said yesterday. The patients, both adults and children, were from Muang and Ron Phibun districts. They were released after receiving treatment at the Maharat Hospital. Health officials had warned people to keep their food and drinking water clean. [Text] [Bangkok BANGKOK WORLD in English 14 Aug 82 p 3 BK]

TUBERCULOSIS TOLL--About 155,000 people suffer from tuberculosis in Thailand and each year about 6,000 people die of this disease, a press conference at the Public Health Ministry was told yesterday. Dr Songkram Sapcharoen, the secretary-general of the anti-tuberculosis association, produced the figures to counter what he said was a widely-held belief that there were only a handful of TB sufferers in Thailand and that the disease was easy to cure. One factor which contributed to the prevalence of the disease was the reluctance of TB patients to persevere with the long treatment programme required to combat the disease, Dr Songkram said. The director-general of the Department of Communicable Disease Control, Dr Natda Siyaphai, told the press conference that TB killed about 6,000 people a year in Thailand. Dr Natya said 1980 figures showed that 14.3 people out of every 100,000 had died of TB. [Bangkok BANGKOK POST in English 29 Jul 82 p 5 BK]

CSO: 5400/5775



## AUSTRALIA

### BRIEFS

BOVINE 'PINK EYE'--The cattle eye disease pink-eye, which has been reported in 8 percent of Australia's herds is costing the cattle industry \$22 million a year. A national survey shows the disease, technically Bovine Keratoconjunctivitis, made a high proportion of animals slow to gain weight and difficult to handle. Releasing the survey results the veterinary ophthalmologist at Perth's Murdoch University, Dr Doug Slatter said the economic significance of the disease justified further studies on production losses and the best methods of treatment. He said: "Apart from the direct loss in production the disease is costing farmers an extra \$1.57 million a year for treatment which ranges from antibiotics for kerosene." Producers estimated the financial cost to them of the problems associated with the disease and from these figures Dr Slatter established the national costs. Seventy-five percent of producers said infected cattle showed reduced weight gain and 64 percent said cattle were difficult to handle due to blindness in one or both eyes. Although most beef producers said they were aware of production losses caused by pink eye only 38 percent routinely treated the disease whereas 86 percent of dairy producers said they nearly always treated it. [Text] [Canberra THE AUSTRALIAN in English 20 Jul 82 p 2]

CSO: 5400/7581

FINLAND

BRIEFS

HARE PLAGUE EPIDEMIC--The incidents of hare plague have grown into an epidemic. It is suspected that already 45 people have caught this disease, defined as generally dangerous, at Aeaenekoski, says Dr Tauno Telaranta. The central medical board has so far received reports of only three cases of hare plague this summer but it is feared that the disease will spread now during the hunting season. According to the State Veterinary Institute many times the normal number of cases of the disease has been found in hares. This is due to the fact that there are very large numbers of moles and hares this year. The largest numbers of sick animals have been found at Aeaenekoski, the Oulu region and at Sukeva near Iisalmi. The disease is spread chiefly by blood-sucking insects. [Text] [LD030234 Helsinki Domestic Service in Finnish 0930 GMT 2 Sep 82]

CSO: 5400/2214

## BRIEFS

CONTAGIOUS DISEASES--"Early in 1982 contagious animal diseases such as hemorrhagic septicemia, black-blood disease [anthrax], and foot and mouth disease were widespread. These diseases continue to be widespread in some provinces in our country, thereby causing losses to the farmers' draft animals during the farming season." In the face of this danger, the Ministry of Agriculture, Forestry and Irrigation has issued a special instructions to the animal husbandry and veterinary department and all provincial agricultural, forestry and irrigation services throughout the country to urgently suppress the animal diseases. Since early April, the animal husbandry and veterinary department has vaccinated animals against contagious diseases, in coordination with provincial, district and canton veterinary units. In Vientiane Province, thousands of domestic animals have been vaccinated in Kasi, Vang Viang, Thoulakhom and Paksan districts and Vientiane municipality. In Champassak Province, vaccinations against contagious diseases have been given to more than 70,000 cattle in Soukhouma, Khong, Mounlapamok and other districts. In Savannakhet Province, 55,269 oxen and 68,346 buffalos have been vaccinated. In addition to sending medical supplies to various provinces, the animal husbandry and veterinary department has dispatched specialized cadres to perform follow-up work. Three major units have been dispatched to the southern, northern and central regions this year. Each unit is equipped with sufficient medicine and medical equipment. [BK161616 Vientiane Domestic Service in Lao 1200 GMT 13 Jul 82]

CSO: 5400/5775

## INCREASED INCIDENCE OF RABIES REPORTED

Johannesburg THE CITIZEN in English 28 Aug 82 p 8

[Article by Keith Abendroth]

[Text] RABIES is increasing in South Africa--but there is no need for panic, according to Department of Agriculture veterinary research experts.

Dr B J H Barnard, of the Onderstepoort Institute for Veterinary Research, said yesterday that the incidence of rabies was now above normal. Nearly half the last 800 specimens tested at Onderstepoort had been positive.

"But it is not yet drastic," he said.

A difference in the actual spread of the disease was being noted. It was appearing in areas of the north-eastern Free State, for instance, which had been relatively free of the disease for several years.

It was also increasing in South West Africa. Estimates were that 20 000 kudu had died of it over a period.

Most prone to the disease were :

Wild cats, genets, pole cats, meercats and jackals. Statistics recorded that in the 10 years up to 1976 nearly 70 percent of all rabies cases had been among red meercats.

Rats and mice, contrary to popular belief, were not carriers.

He said that Onderstepoort had also isolated viruses which were linked to rabies in certain bats. In 1980 300 bat specimens were checked out and 13 were found to have a form of rabies. Cases of the Lagos bat virus had been found in bats from Natal and were confined to fruit eating bats.

So far this year a virus had been isolated in a specimen from Louis Trichardt, but it had not yet been exactly identified.

However, it has been established that the Lagos bat virus is deadly to dogs ... and could thus be fatal to human beings.

He appealed to people who suspected rabies in an animal to contact their nearest police station or state veterinarian, and for the brain of the creature to be sent undamaged to Onderstepoort.

RUST DASHES HOPES FOR BARLEY SELF-SUFFICIENCY

Bogota EL TIEMPO in Spanish 7 Aug 82 p 10-E

[Article: "And Now Rust Has Attacked Barley!"]

[Text] The possibility of not having to import barley 2 years from now, thanks to the "Quibenras" variety, resistant to yellow rust, leaf rust, loose snut of barley, and radicular putrefaction, has ceased to be a hope, owing to the presence of "brown rust."

The results under observation since last November, which offered hope to the growers of Narino, Boyaca, and Cundinamarca, "were dashed" as soon as the calamity known as "puccinia hordei," or "brown rust," made its fiendish appearance. It now keeps technicians, agronomists, and growers on tenterhooks.

This variety was introduced by the agricultural engineers of Malterias de Colombia [Malt Factory] and the Colombian Agricultural and Animal Sciences Institute, ICA, including Antonio Sierra, German Rico, Jaime Fernandez, Victor Francisco Gonzalez, Nestor Pineda, and Jesus Prada.

In a way it resulted from research regarding the misfortune that growers experienced 5 years ago with "yellow rust," which almost completely destroyed the 85,000 hectares which were then sown. Last year, the records of the ICA agricultural department show that barely 17,000 hectares were sown.

The innovation of this variety was so important; and now there are somewhat less than 25,000 hectares, which lamentably, according to the agricultural managers questioned by EL TIEMPO, will encounter two definitive problems that will negatively affect the fields that will be sown in the future: matters of business with brewery companies and the new disease that affects the quality of the grain.

According to the appraisals of Jaime Wills, a grower on whose farm, "Entre Rios," experiments were first made, the disease appears 90 days after the plants have spiked, making fumigation difficult.

"If one takes into account that fumigation very greatly increases costs and that it is more preventive than curative, there is really very little to hope for," said Wills, emphasizing that success lies in attaining varieties that will be

resistant to all pests, fungi, and viruses.

At present costs per hectare amount to 40,000 pesos and if one takes into account that productivity per unit does not currently amount to the 4 tons that were anticipated, "then there simply is no use in investing," concluded Wills.

The greatest surprise to the growers who turned over their lands for the first experiments with "multiplication" seed "is that the malt factory and ICA technicians have not come here; and if research efforts are not continued, nothing can be done a year from now."

The "Quibenras" variety develops at between 2,600 and 3,000 meters above sea level and was the result of crossing the "Quiba" variety with the "Benton" in experiments in the Valle de Iraca (Boyaca), Tundama (Cundinamarca), and Obonuco (Narino).

A feasibility study made by brewer companies and the ICA establishes that it was planned that for this coming year, under normal conditions, 91,000 hectares would be sown with 7,000 tons of seed in the 2 half-years, resulting in a yield of 221,000 tons.

The variety has a spike that is between 20 and 25 centimeters long. Each can produce up to 95 grains, whereas normally the other varieties, the Mochaca 124 and Viraca, produce only from 50 to 60 grains.

The national demand currently exceeds 200,000 tons, but production amounts to only 50,000. If these facts are added to the "great loss" from commercialization, opportunely supervised by the IDEMA [Agricultural and Livestock Marketing Institute], the future of barley is not at all promising.

Two weeks before, the National Federation of Cereal Growers, FENALCE, through its director, Adriano Quintano Silva, sent a letter to the minister of agriculture, Luis Fernando Londono, and the director of the IDEMA, Augusto Ramirez Ramirez, to request the adoption of mechanisms to control the importation of barley and malt, in order to oblige industries to first absorb the national harvest.

The IDEMA committed itself to buying the entire harvest and to that end it opened numerous shopping facilities with a price support of \$18,600. A FENALCE study shows that between 1974 and 1981 the price of raw material increased 2.62 times while that of beer rose 4.19.

8255

CSO: 5400/2203

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

FUJIAN RICE PESTS--The Fujian Provincial People's Government issued an emergency circular 13 August calling on all areas to combat rice pests. It noted that 640,000 mu of rice paddies in the province have been affected by rice seedling blast disease. It urged all areas to adopt effective measures to combat the disease in order to reap a bumper harvest this year. [Text]  
[OW270921 Fuzhou FUJIAN Provincial Service in Mandarin 1120 GMT 14 Aug 82]

CSO: 5400/4020

# FINLAND TURNS BACK TRAIN CARS AT BORDER; HAD COLORADO BEETLES

Helsinki HELSINGIN SANOMAT in Finnish 12 Aug 82 p 9

[Article: "Forty Railroad Cars Turned Back to USSR From Border Stations"]

[Text] Lappeenranta--Approximately 40 railroad cars had to be turned back at the border stations of Vainikkala and Imatrankoski in the last the couple weeks because of unsanitary conditions and Colorado beetles.

The dirty cars cause additional work for the Finnish State Railways and the Farm Administration, which has added an additional inspector to assist the staff at both border crossings.

All railroad cars arriving at the border stations are subjected to a thorough inspection. A thorough inspection consumes much time and slows down the technical inspections as well as the exchange of railroad cars.

Layers of mud and dirt have been found from the bottoms of several railroad cars arriving in Finland. In the worst case Colorado beetles, which destroy root crops, have also been found. As far as is known, no beetles have crossed the border for the time being.

The returned cars have been primarily intended for the use of the chemical wood processing industry. Last year more than 55,000 railroad cars crossed the Finnish border at Imatrankoski alone. Of this number nearly 7,500 had to be turned back. Approximately 13 percent of all railroad cars had to be rejected because of Colorado beetles and layers of dirt. However, the situation at the border stations now seems to be brighter. Office Chief Jorma Rautapaa of the Plant Quarantine Office of the Farm Administration believes that the cleanliness of railroad cars on the Soviet side has improved considerably in recent times.

The Railroad Administration and the Farm Administration are presently conducting negotiations as to whether Colorado beetles can be eradicated chemically at the railroad stations in the railroad cars since cars arriving at the border in the evening cannot be turned back until the following day. Colorado beetles are, however, nocturnal creatures, which can crawl out of the railroad cars during the night.



In July the Finnish Government adopted a plant protection statute, in which there are stipulations regarding Colorado beetles and a couple dozen other destructive insects.

According to the statute anyone who sees a Colorado beetle is obligated to report this to the nearest district office of the Farm Administration.

10576

CSO: 5400/2199

END